



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/765,229  
Applicant(s): Koujirou SEKINE et al  
For: OPTICAL FUNCTIONAL DEVICE AND OPTICAL  
INTEGRATED DEVICE  
Confirmation No.: 7378  
Customer No.: 24367  
Docket No.: 15162/03060  
Filed: January 18, 2001  
Group Art Unit: 2874  
Examiner: Michael J. Stahl

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail in  
an envelope addressed to: Commissioner for Patents, P.O.  
Box 1450, Alexandria, VA 22313-1450, on

June 23, 2004

Date of Deposit

Douglas A. Sorensen

Name of Applicant, Assignee, or Registered  
Representative

Signature

June 23, 2004

Date of Signature

**AMENDMENT**

This Amendment is filed in response to the Office Action dated March 3, 2004,  
which provides for a response period ending June 3, 2004.

07/14/2004 TDANKINS 00000008 181260 09765229

01 FC:1201  
02 FC:1202

A Petition for Extension of Time, to extend the response period for the Office  
Action, for one additional month to July 3, 2004, is being filed concurrently.


Amendments to the Claims are reflected in the listing of claims which begins on  
page 2 of this paper.

Remarks begin on page 8 of this paper.

Application No. 09/765,229  
Amendment dated June 23, 2004  
Reply to Office Action of March 3, 2004

Any other fee required for such Petition for Extension of Time and any other fee required by this document pursuant to 37 C.F.R. §§ 1.16 and 1.17, other than the issue fee, and not submitted herewith should be charged to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260. Any refund should be credited to the same account.

Respectfully submitted,

By:   
Douglas A. Sorensen  
Registration No. 31,570  
Attorney for Applicants

DAS/lb:bar  
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June 23, 2004

DA1 298484v3

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

09765229

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	84.00
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	180
X42=		OR	X84=	84
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.